

The following checklist is to be attached to the front of your original application, before submitting to NIDA:

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Office of Diversity and Health Disparities
National Institute on Drug Abuse
6001 Executive Boulevard
Room 3105
Rockville, MD 20852**

Please check where appropriate or insert page numbers where applicable

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|-----|--|-------------------------------------|
| 1. | Pages of applications are numbered | Application consists of ____ pages |
| 2. | Abstract or summary of funded parent grant or project | Pages ____ thru ____ of application |
| 3. | Detailed description of research experience proposed for eligible candidate | Pages ____ thru ____ of application |
| 4. | Timetable for proposed research | Pages ____ thru ____ of application |
| 5. | Detailed plan for mentoring eligible candidate | Pages ____ thru ____ of application |
| 6. | Proposed budget | Pages ____ thru ____ of application |
| 7. | IACUC & IRB approval, if appropriate | Page ____ of application |
| 8. | Signed statement from proposed candidate outlining interest | Pages ____ thru ____ of application |
| 9. | <u>Current</u> biographical sketch or curriculum vitae | Pages ____ thru ____ of application |
| 10. | <u>Current or most recent</u> transcript | Pages ____ thru ____ of application |
| 11. | Signed statement from PI verifying eligibility of candidate | Page ____ of application |
| 12. | Letter of support/approval if candidate is student or faculty at different institution | NA ____ or Page ____ of application |
| 13. | CHECKLIST – To be attached to front of original. | |